

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8527

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis. (d) Street No. 4108 Oregon Ave.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791Primary Registration District No. 1003Registered No. 2115

2. PRINT FULL NAME

Theodore H. Rehme 500
(a) Residence, No. 4108 Oregon Ave. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Elizabeth A. Rehme6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 -- 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed 5 yrs.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren county Mo.13. NAME Fred Rehme14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know15. MAIDEN NAME Marie Elsenrath16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT Elizabeth A. Rehme
(ADDRESS) 4108 Oregon Svc.

18. BURIAL, CREMATION, OR REMOVAL

New St. Peter and Paul Cems. Mar. 17, 193819. FUNERAL DIRECTOR J. H. Gelpen & Co.
(ADDRESS) 2842 Meramec St.20. FILED 1938 J. F. Bradach

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 193822. I HEREBY CERTIFY That I attended deceased from Feb. 28 1938, to Feb 28 1938I last saw him alive on Feb. 28 1938 Death is saidto have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 2-28-38Other contributory causes of importance: J. F. Bradach

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no.If so, specify E. M. Gelpen M. D.(Signed) E. M. Gelpen M. D.(Address) 3012 Lafayette

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gabken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MA

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman A. Gabken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)